Alphabetically Arranged Registration Book

(GENERAL ELECTIONS)

District No. /0

_County, Florida

THE RECORD COMPANY, ST. AUGUSTINE, FLORIDA, U. S. A

MRS. P. N. KING
SUPERVISOR OF REGISTRATION
LEVY COUNTY
Williston, Florida

Jonathan 1938
and

R. A. GRAY SECRETARY OF STATE TALLAHASSEE FLORIDA



PRECINCT,_

COUNTY, FLORIDA

BEFORE BEING REGISTERED

that I am twenty-one years of age, and have been a resident of the State of Florida for twelve months, and of this County for qualified to vote under the Constitution and laws of the State of Florida.

Freeholder

OATH

Declaration of Naturalization

RESIDENCE

I, having been first duly sworn, say, upon Oath, that the statements here entered opposite my name as to qualifications as an Elector, are true.

SIGNATURE OF SUPERVISOR OR DEPUTY REMARKS

SIGNATURE OF ELECTOR

OATH TO BE TAKEN BY EACH PERSON

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OATH TO BE TAKEN BY EACH PERSON

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OATH TO BE TAKEN BY EACH PERSON

I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and of the State of Florida;

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OATH TO BE TAKEN BY EACH PERSON

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OATH TO BE TAKEN BY EACH PERSON

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OATH TO BE TAKEN BY EACH PERSON

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OFFICIAL REGISTER OF ELECTORS FOR Judion OATH TO BE TAKEN BY EACH PERSON

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OATH TO BE TAKEN BY EACH PERSON

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OFFICIAL REGISTER OF ELECTORS FOR OATH TO BE TAKEN BY EACH PERSON

	I do sole	mnly swear (or affirm) that I will protec	t and	defe	nd th	ne Con six mo	stitution o nths; that	f the United States and I am a citizen of the Uni	of th	e Sta	ate of Florida;
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COUNTY, FLORIDA 10 PRECINCT, BEFORE BEING REGISTERED that I am twenty-one years of age, and have been a resident of the State of Florida for twelve months, and of this County for qualified to vote under the Constitution and laws of the State of Florida. OATH Freeholder I, having been first duly sworn, say, SIGNATURE OF REMARKS upon Oath, that the statements here Declaration RESIDENCE entered opposite my name as to SUPERVISOR OR DEPUTY of Naturalization qualifications as an Elector, are true. SIGNATURE OF ELECTOR

OFFICIAL REGISTER OF ELECTORS FOR OATH TO BE TAKEN BY EACH PERSON

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PRECINCT, COUNTY, FLORIDA BEFORE BEING REGISTERED that I am twenty-one years of age, and have been a resident of the State of Florida for twelve months, and of this County for qualified to vote under the Constitution and laws of the State of Florida. OATH I, having been first duly sworn, say, upon Oath, that the statements here entered opposite my name as to qualifications as an Elector, are true. SIGNATURE OF Declaration REMARKS RESIDENCE SUPERVISOR OR DEPUTY of Naturalization SIGNATURE OF ELECTOR , t J D Turion

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PRECINCT, COUNTY, FLORIDA BEFORE BEING REGISTERED that I am twenty-one years of age, and have been a resident of the State of Florida for twelve months, and of this County for qualified to vote under the Constitution and laws of the State of Florida. OATH I, having been first duly sworn, say, upon Oath, that the statements here entered opposite my name as to Freeholder SIGNATURE OF Declaration REMARKS RESIDENCE of Naturalization SUPERVISOR OR DEPUTY qualifications as an Elector, are true. SIGNATURE OF ELECTOR I Vr S'refruix di D. Tala mynu

OFFICIAL REGISTER OF ELECTORS FOR Landson OATH TO BE TAKEN BY EACH PERSON

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PRECINCT, COUNTY, FLORIDA

Freeholder

BEFORE BEING REGISTERED

that I am twenty-one years of age, and have been a resident of the State of Florida for twelve months, and of this County for qualified to vote under the Constitution and laws of the State of Florida.

OATH

Declaration of Naturalization

RESIDENCE

I, having been first duly sworn, say, upon Oath, that the statements here entered opposite my name as to qualifications as an Elector, are true.

SIGNATURE OF SUPERVISOR OR DEPUTY

REMARKS

SIGNATURE OF ELECTOR

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OATH TO BE TAKEN BY EACH PERSON

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OATH TO BE TAKEN BY EACH PERSON

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PRECINCT,____

COUNTY, FLORIDA

BEFORE BEING REGISTERED

that I am twenty-one years of age, and have been a resident of the State of Florida for twelve months, and of this County for qualified to vote under the Constitution and laws of the State of Florida.

OATH

Declaration of Naturalization

RESIDENCE

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SIGNATURE OF SUPERVISOR OR DEPUTY

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REMARKS

SIGNATURE OF ELECTOR

OATH TO BE TAKEN BY EACH PERSON

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_PRECINCT,__

COUNTY, FLORIDA

BEFORE BEING REGISTERED

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RESIDENCE

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SIGNATURE OF SUPERVISOR OR DEPUTY

REMARKS

SIGNATURE OF ELECTOR

OATH TO BE TAKEN BY EACH PERSON

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PRECINCT, COUNTY, FLORIDA BEFORE BEING REGISTERED that I am twenty-one years of age, and have been a resident of the State of Florida for twelve months, and of this County for qualified to vote under the Constitution and laws of the State of Florida. I, having been first duly sworn, say, upon Oath, that the statements here Declaration SIGNATURE OF REMARKS RESIDENCE entered opposite my name as to qualifications as an Elector, are true. of Naturalization SUPERVISOR OR DEPUTY SIGNATURE OF ELECTOR 1. It haveton

OATH TO BE TAKEN BY EACH PERSON

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Date	SURNAME AND GIVEN NAME	Party Affiliation	Voted	POLL TAX		OCCUPATION	Age	Color	NATIVITY		
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OATH TO BE TAKEN BY EACH PERSON

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